

# ANNUAL SUBJECT INDEX OF ARTICLES

JANUARY THROUGH DECEMBER 1986

**E**ach listing shows the title of a major article or short article, the latter in italics. The first two figures following the title indicate the date of the issue, and the last figure indicates the number of the page upon which the article begins. MEDICAL ECONOMICS will send physicians any three articles listed on these pages without charge. Photocopies of articles longer than six pages are priced at \$1.50. Whole copies of the magazine (including special issues) may be purchased for \$3.00 each from the Reader Service Department as long as the supply lasts.

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*Don't let a leased employee wreck your pension plan. 1-6-125*

*Insurance: Bonding your staff deters sticky fingers. 1-6-182*

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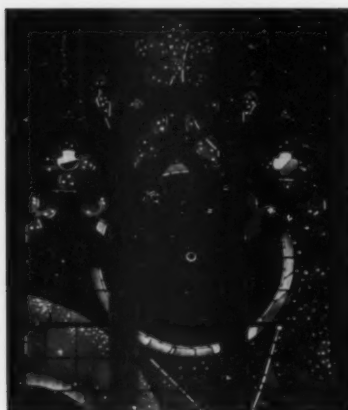
## BILLINGS

*Collections: what to do about overdue accounts. 3-17-219*

*Who was wrecking my practice—and why? 6-9-130*

*Billings: when a patient pays with a check. 6-9-230*





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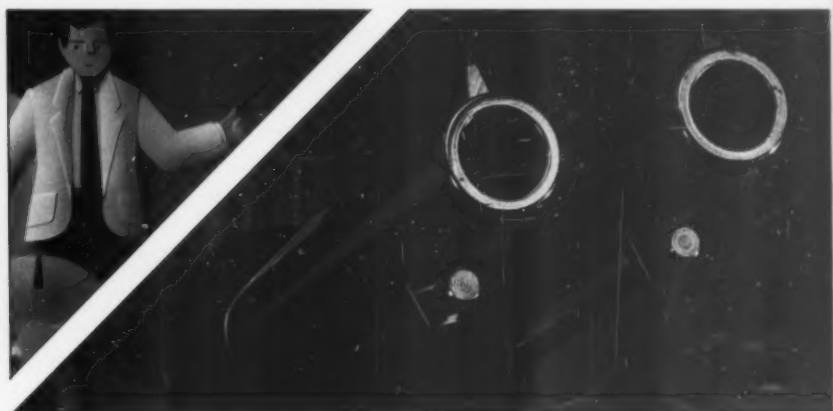


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# Colds season.



## Efficacy that's

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# Allergy season.

# TAPP

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Before prescribing, please see full prescribing information.

A Brief Summary follows.

**CONTRAINDICATIONS:** Patients who have previously exhibited Meclofen hypersensitivity or in whom aspirin or other nonsteroidal antiinflammatory drugs (NSAIDs) induce symptoms of bronchospasm, allergic rhinitis, or urticaria. **WARNINGS:** In patients with a history of upper gastrointestinal (GI) tract disease, Meclofen should be given under close supervision (see Adverse Reactions section). Peptic ulceration and GI bleeding, sometimes severe, including one fatality, have been reported. **PRECAUTIONS: General:** Patients receiving NSAIDs should be evaluated periodically to insure that the drug is still necessary and well tolerated (see other Precautions, Warnings and Adverse Reactions). Diarrhea, GI irritation and abdominal pain may be associated with Meclofen therapy. Dosage reduction or temporary discontinuation generally control these symptoms (see Adverse Reactions and Dosage and Administration sections). Decreases in hemoglobin and/or hematocrit levels have occurred in approximately 1 of 6 patients, but rarely required discontinuation of therapy. The clinical data revealed no evidence of increased chronic blood loss, bone marrow suppression, or hemolysis to account for decreases in Hb or Hct levels. Patients receiving long-term Meclofen therapy should have Hb and Hct values determined if anemia is suspected on clinical grounds. If a patient develops visual symptoms (see Adverse Reactions) during therapy, the drug should be discontinued and the patient should have a complete ophthalmologic examination. When Meclofen is used in combination with steroid therapy, any reduction in steroid dosage should be gradual to avoid possible complications of sudden steroid withdrawal.

Adverse effects are seen more commonly in the elderly; a lower starting dose and careful follow-up are advised. As with other NSAIDs, borderline elevations of one or more liver tests may occur in some patients. These abnormalities may progress, remain essentially unchanged, or be transient with continued therapy. The SGPT (ALT) test is probably the most sensitive indicator of liver dysfunction. Meaningful (3 times the upper limit of normal) elevations of SGPT or SGOT (AST) have been seen in controlled clinical trials in less than 1% of patients. A patient with symptoms and/or signs suggesting liver dysfunction, or in whom an abnormal liver test has occurred, should be evaluated for evidence of the development of more severe hepatic reaction while on therapy with Meclofen. Severe hepatic reactions, including jaundice and cases of fatal hepatitis, have been reported with other NSAIDs. Although such reactions are rare, if abnormal liver tests persist or worsen, if clinical signs and symptoms consistent with liver disease develop, or if systemic manifestations occur (eg, eosinophilia, rash), Meclofen should be discontinued. **Renal Effects:** As with other NSAIDs, long-term administration of meclofenamate sodium to animals has resulted in renal papillary necrosis and other abnormal renal pathology. In humans, there have been reports of acute interstitial nephritis with hematuria, proteinuria, and occasionally nephrotic syndrome. A second form of renal toxicity has been seen in patients with preexisting conditions leading to a reduction in renal blood flow or blood volume, where the renal prostaglandins (PGs) have a supportive role in the maintenance of renal perfusion. In these patients administration of an NSAID may cause a dose-dependent reduction in PG formation and may precipitate overt renal decompensation. Patients at greatest risk of this reaction are those with impaired renal function, heart failure, liver dysfunction, those taking diuretics, and the elderly. Discontinuation of NSAID therapy is typically followed by recovery to the pre-treatment state. Since Meclofen is eliminated by the kidneys, patients with significantly impaired renal function should be closely monitored; lower daily dosage should be anticipated to avoid excessive drug accumulation. **Information for Patients:** Patients should be advised that nausea, vomiting, diarrhea and abdominal pain have been associated with the use of Meclofen and accordingly should consider discontinuing the drug and contacting his/her physician if any of these conditions are severe. Meclofen may be taken with meals or milk to control GI complaints. Concomitant administration of an antacid (specifically, aluminum and magnesium hydroxides) does not interfere with absorption of the drug. **Laboratory Tests:** Patients receiving long-term Meclofen therapy should have Hb and Hct values determined if signs or symptoms of anemia occur. Low WBC counts were rarely observed in clinical trials. These low counts were transient and usually returned to normal while the patient continued on therapy. Persistent leukopenia, granulocytopenia, or thrombocytopenia warrants further clinical evaluation and may require discontinuation of the drug. When abnormal blood chemistry values are obtained, follow-up studies are indicated. Elevations of serum transaminase levels and of alkaline phosphatase levels occurred in approximately 4% of patients. An occasional patient had elevations of serum creatinine or BUN levels. **Drug Interactions:**

1. **Warfarin:** Meclofen enhances the effect of warfarin. Used concomitantly, the dosage of warfarin should be reduced to prevent excessive prolongation of the prothrombin time. 2. **Aspirin:** Concurrent administration of aspirin may lower Meclofen plasma levels. Urinary excretion is unaffected by aspirin, indicating no change in Meclofen absorption. Meclofen does not affect serum salicylate levels. Greater fecal blood loss results from concomitant administration than from either drug alone. 3. **Propranolol:** Concurrent administration of propranolol HCl does not affect Meclofen bioavailability. 4. **Antacids:** Concomitant administration of aluminum and magnesium hydroxides does not interfere with Meclofen absorption. **Cardiogenesis:** An 18-month study in rats revealed no evidence of carcinogenicity. **Pregnancy and Nursing Mothers:** Because there are no adequate and well-controlled studies in pregnant women and it is not known whether the drug is excreted in human milk, Meclofen is not recommended for use during pregnancy (particularly in the 1st and 3rd trimesters) or in nursing women, based on animal findings. **Pediatric Use:** Safety and efficacy in children under age 14 have not been established. **ADVERSE REACTIONS: Incidence Greater than 1%:** The following adverse reactions were observed in clinical trials and included observations from more than 2,700 patients (594 treated for 1 year and 246 for at least 2 years). GI: The most frequently reported adverse reactions associated with Meclofen involve the gastrointestinal system: Diarrhea (10%-33%), nausea with or without vomiting (11%), other gastrointestinal disorders (10%), abdominal pain, pyrosis, flatulence, anorexia, constipation, stomatitis and peptic ulcer. **Cardiovascular:** Edema. **Dermatologic:** Rash, urticaria, pruritus. **CNS:** Headache, dizziness. **Special Senses:** Tinnitus. **Incidence Less than 1% (Probably Causally Related):** The following adverse reactions were reported less frequently than 1% during controlled clinical trials and through voluntary reports since marketing. The probability of a causal relationship exists between the drug and these adverse reactions. GI: Bleeding and/or perforation with or without obvious ulcer formation, colitis, cholestatic jaundice. **Renal:** Renal failure. **Hematologic:** Neutropenia, thrombocytopenic purpura, leukopenia, agranulocytosis, hemolytic anemia, eosinophilia, decrease in Hb and/or Hct. **Dermatologic:** Erythema multiforme, Stevens-Johnson syndrome, exfoliative dermatitis. **Hepatic:** Alteration of liver function tests. **Allergic:** Lupus and serum sickness-like symptoms. **Incidence Less than 1% (Causal Relationship Unknown):** Other reactions have been reported but under conditions where a causal relationship could not be established. However, these rarely reported events, that possibility cannot be excluded. Therefore, these observations are listed to alert physicians. **Cardiovascular:** Palpitations. **CNS:** Malaise, fatigue, paresthesia, insomnia, depression. **Special Senses:** Blurred vision, taste disturbances, decreased visual acuity, temporary loss of vision, reversible loss of color vision, retinal changes including macular fibrosis, macular and perimacular edema, conjunctivitis, iritis. **Renal/Neurologic:** SI: Paralytic ileus. **Dermatologic:** Erythema nodosum, hair loss.

**OVERDOSEAGE:** After a massive overdose, CNS stimulation may be manifested by irrational behavior, marked agitation and generalized seizures. Renal toxicity may be noted with possible oliguria or anuria and azotemia. Management consists of emptying the stomach by emesis or lavage and instituting an ample dose of activated charcoal into the stomach. Seizures should be controlled by an appropriate anticonvulsant regimen. Dialysis may be required to correct serious azotemia or electrolyte imbalance. **Caution—**Federal law prohibits dispensing without prescription.

\*Incidence between 3% and 9%. Those reactions occurring in 1%-3% of patients are unmarked.

02680132

## PARKE-DAVIS

Division of Warner-Lambert Company  
Morris Plains, New Jersey 07950

PD-07-JA-3803-P-2(4-86)

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## ANTI-HISTAMINE-FREE

# Entex LA

PHENYLPROPANOLAMINE HCl 75 mg  
GUAFENESIN 400 mg  
IN A SPECIAL BASE TO PROVIDE A PROLONGED  
THERAPEUTIC EFFECT

Before prescribing or administering, see package circular for full product information. The following is a brief summary.

**INDICATIONS AND USAGE:** Entex LA is indicated for the symptomatic relief of sinusitis, bronchitis, pharyngitis, and coryza when these conditions are associated with nasal congestion and viscous mucus in the lower respiratory tract.

**CONTRAINDICATIONS:** Entex LA is contraindicated in individuals with known hypersensitivity to sympathomimetics, severe hypertension, or in patients receiving monoamine oxidase inhibitors.

**WARNINGS:** Sympathomimetic amines should be used with caution in patients with hypertension, diabetes mellitus, heart disease, peripheral vascular disease, increased intraocular pressure, hyperthyroidism, or prostatic hypertrophy.

**PRECAUTIONS: Information for Patients:** Do not crush or chew Entex LA tablets prior to swallowing.

**Drug Interactions:** Entex LA should not be used in patients taking monoamine oxidase inhibitors or other sympathomimetics.

**Drug/Laboratory Test Interactions:** Guafenesin has been reported to interfere with clinical laboratory determination of urinary 5-hydroxyindoleacetic acid (5-HIAA) and urinary vanilmandelic acid (VMA).

**Pregnancy:** Pregnancy Category C. Animal reproduction studies have not been conducted with Entex LA. It is also not known whether Entex LA can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Entex LA should be given to a pregnant woman only if clearly needed.

**Nursing Mothers:** It is not known whether the drugs in Entex LA are excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants, a decision should be made whether to discontinue nursing or to discontinue the product, taking into account the importance of the drug to the mother.

**Pediatric Use:** Safety and effectiveness of Entex LA tablets in children below the age of 6 have not been established.

**ADVERSE REACTIONS:** Possible adverse reactions include nervousness, insomnia, restlessness, headache, nausea, or gastric irritation. These reactions seldom, if ever, require discontinuation of therapy. Urinary retention may occur in patients with prostatic hypertrophy.

**OVERDOSAGE:** The treatment of overdosage should provide symptomatic and supportive care. If the amount ingested is considered dangerous or excessive, induce vomiting with ipecac syrup unless the patient is convulsing, comatose, or has lost the gag reflex, in which case perform gastric lavage using a large-bore tube. If indicated, follow with activated charcoal and a saline cathartic. Since the effects of Entex LA may last up to 12 hours, treatment should be continued for at least that length of time.

**NDC 0149-0436-01 Bottle of 100**

**CAUTION:** Federal law prohibits dispensing without prescription.

ENX LATB-BS7

REVISED JULY 1985

### Norwich Eaton

Norwich Eaton Pharmaceuticals, Inc.  
Norwich, New York 13815-0231  
A Procter & Gamble Company

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**BRIEF SUMMARY**

**DESCRIPTION:** LOSOL (indapamide) is an oral antihypertensive/diuretic.

**INDICATIONS AND USAGE:** LOSOL is indicated for the treatment of hypertension, alone or in combination with other antihypertensive drugs.

LOSOL is also indicated for the treatment of salt and fluid retention associated with congestive heart failure.

*Usage in Pregnancy:* (see PRECAUTIONS).

**Contraindications:** Anuria, hypersensitivity to indapamide or other sulfonamide-derived drugs.

**WARNINGS:** Hypokalemia occurs commonly with diuretics, and electrolyte monitoring is essential. In general, diuretics should not be given concomitantly with lithium.

**PRECAUTIONS:** GENERAL: 1. *Hypokalemia and Other Fluid and Electrolyte Imbalances:* Periodic determinations of serum electrolytes should be performed at appropriate intervals. In addition, patients should be observed for clinical signs of fluid or electrolyte imbalance, such as hyponatremia, hypochloremic alkalosis, or hypokalemia. Electrolyte determinations are particularly important in patients who are vomiting excessively or receiving parenteral fluids, in patients subject to electrolyte imbalance (including those with heart failure, kidney disease, and cirrhosis), and in patients on a salt-restricted diet. The risk of hypokalemia secondary to diuresis and natriuresis is increased when larger doses are used, when the diuresis is brisk, when severe cirrhosis is present and during concomitant use of corticosteroids or ACTH. Interference with adequate oral intake of electrolytes will also contribute to hypokalemia. Hypokalemia can sensitize or exaggerate the response of the heart to the toxic effects of digitalis, such as increased ventricular irritability. Dilutional hyponatremia may occur in edematous patients; the appropriate treatment is restriction of water rather than administration of salt, except in rare instances when the hyponatremia is life threatening. However, in actual salt depletion, appropriate replacement is the treatment of choice. Any chloride deficit that may occur during treatment is generally mild and usually does not require specific treatment except in extraordinary circumstances as in liver or renal disease. 2. *Hypertension and Gout:* Serum concentrations of uric acid increased by an average of 1.0 mg/100 ml in patients treated with indapamide, and frank gout may be precipitated in certain patients receiving indapamide (see ADVERSE REACTIONS). Serum concentrations of uric acid should therefore be monitored periodically during treatment. 3. *Renal Impairment:* Renal function tests should be performed periodically during treatment with indapamide. 4. *Impaired Hepatic Function:* Indapamide, like the thiazides, should be used with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma. 5. *Glucose Tolerance:* Latent diabetes may become manifest and insulin requirements in diabetic patients may be altered during indapamide administration. Serum concentrations of glucose should be monitored routinely during treatment with indapamide. 6. *Calcium Excretion:* Calcium excretion is decreased by diuretics pharmacologically related to indapamide. Indapamide may decrease serum PBI levels without signs of thyroid disturbance. 7. *Interaction With Systemic Lupus Erythematosus:* Thiazides have exacerbated or activated systemic lupus erythematosus.

**DRUG INTERACTIONS:** 1. *Other Antihypertensives:* LOSOL (indapamide) may add to or potentiate the action of other antihypertensive drugs. 2. *Lithium:* See WARNINGS. 3. *Post-Sympathectomy Patient:* The hypotensive effect of the drug may be enhanced in the postsympathectomized patient. 4. *Norepinephrine:* Indapamide may decrease arterial responsiveness to norepinephrine, but this diminution is not sufficient to preclude effectiveness of the pressor agent for therapeutic use. **CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY:** Both mouse and rat life-time carcinogenicity studies were conducted. There was no significant difference in the incidence of tumors between the indapamide-treated animals and the control group.

**PREGNANCY/TERATOGENIC EFFECTS: PREGNANCY CATEGORY B.** Diuretics are known to cross the placental barrier and appear in cord blood. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

**NURSING MOTHERS:** It is not known whether this drug is excreted in human milk. If use of this drug is deemed essential, the patient should stop nursing.

**ADVERSE REACTIONS:** Most adverse effects have been mild and transient. In long-term controlled clinical studies, equal to or greater than 5% cumulative adverse reactions are headache, dizziness, fatigue, weakness, loss of energy, lethargy, tiredness, or malaise, muscle cramps or spasm, or numbness of the extremities, nervousness, tension, anxiety, irritability, or agitation; and less than 5% cumulative adverse reactions are lightheadedness, drowsiness, vertigo, insomnia, depression, blurred vision, constipation, nausea, vomiting, diarrhea, gastric irritation, abdominal pain or cramps, anorexia, orthostatic hypotension, premature ventricular contractions, irregular heart beat, palpitations, frequency of urination, nocturia, polyuria, rash, hives, pruritus, vasculitis, impotence or reduced libido, rhinorrhea, flushing, hyperuricemia, hyperglycemia, hyponatremia, hypochloremia, increase in serum urea nitrogen (BUN) or creatinine, glycosuria, weight loss, dry mouth, tingling of extremities. Clinical hypokalemia occurred in 3% and 7% of patients given indapamide 2.5 mg and 5.0 mg, respectively.

**OVERDOSAGE:** Symptoms include nausea, vomiting, weakness, gastrointestinal disorders and disturbances of electrolyte balance. In severe instances, hypotension and depressed respiration may be observed. If this occurs, support of respiration and cardiac circulation should be instituted. There is no specific antidote. An evacuation of the stomach is recommended by emesis and gastric lavage after which the electrolyte and fluid balance should be evaluated carefully.

**HOW SUPPLIED:** White, round film-coated tablets of 2.5 mg in bottles of 100, 1,000, 2,500, and in unit-dose blister packs, 14 of 100 (10 x 10 strips).

**CAUTION:** Federal (U.S.A.) law prohibits dispensing without prescription.

See product circular for full prescribing information.

**USV** LABORATORIES, Division  
USV Pharmaceutical Corp.  
Tarrytown, N.Y. 10591

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# TUSSI- ORGANIDIN® with Codeine

# TUSSI- ORGANIDIN® DM

Before prescribing, please consult complete product information, a brief summary of which follows:

**Indications and Usage:** For the symptomatic relief of irritating, nonproductive cough associated with respiratory tract conditions such as chronic bronchitis, bronchial asthma, tracheobronchitis, and the common cold; also for the symptomatic relief of cough accompanying other respiratory tract conditions such as laryngitis, pharyngitis, croup, pertussis and emphysema. Appropriate therapy should be provided for the primary disease.

**Contraindications:** History of marked sensitivity to inorganic iodides; hypersensitivity to any of the ingredients or related compounds; pregnancy; newborns; and nursing mothers.

**Warnings:** Discontinue use if rash or other evidence of hypersensitivity appears. Use with caution or avoid use in patients with history or evidence of thyroid disease.

**Precautions:** General—iodides have been reported to cause a flare-up of adolescent acne. Children with cystic fibrosis appear to have an exaggerated susceptibility to the goitrogenic effects of iodides.

Dermatitis and other reversible manifestations of iodism have been reported with chronic use of inorganic iodides. Keep these in mind in patients receiving these preparations for prolonged periods.

**Drug Interactions:** Iodides may potentiate the hypothyroid effect of lithium and other antithyroid drugs.

**Carcinogenesis, Mutagenesis, Impairment of Fertility—No long-term animal studies have been performed.**

**Pregnancy—Teratogenic effects:** Pregnancy Category X (see CONTRAINDICATIONS).

**Nursing Mothers—Do not administer to a nursing woman.**

**Adverse Reactions:** Side effects have been rare, including those which may occur with the individual ingredients and which may be modified as a result of their combination. Organidin—Gastrointestinal irritation, rash, hypersensitivity, thyroid gland enlargement, and acute parotitis. Codeine—(Tussi-Organidin only): Nausea, vomiting, constipation, drowsiness, dizziness, and miosis. Dextromethorphan—(Tussi-Organidin DM only): Drowsiness or gastrointestinal disturbances.

**Drug Abuse and Dependence** (Tussi-Organidin only): Controlled Substance—Schedule V. Dependence—Codeine may be habit-forming.

**Overdosage:** No reports of any serious problems.

**Dosage and Administration: Adults:** 1 to 2 teaspoonfuls every 4 hours.

**Children:** ½ to 1 teaspoonful every 4 hours.

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1. Douglas BG Jr. Treatment of Influenza. *Resident Staff Physicians* 1981;27 (December):53-40.

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Please see adjacent page for brief summary of prescribing information.

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**INDICATION:** Influenza A Virus Respiratory Tract Illness: SYMMETREL® (amantadine hydrochloride) is indicated in the prevention and treatment of respiratory tract illness caused by influenza A virus strains. SYMMETREL should be considered especially for high risk patients, close household or hospital ward contacts of index cases and patients with severe influenza A virus illness. In the prophylaxis of influenza due to A virus strains, early immunization as periodically recommended by the Public Health Service Advisory Committee on Immunization Practices is the method of choice. When early immunization is not feasible, or when the vaccine is contraindicated or not available, SYMMETREL can be used for chemoprophylaxis against influenza A virus illness. Because SYMMETREL does not appear to suppress antibody response, it can be used chemoprophylactically in conjunction with inactivated influenza A virus vaccine until protective antibody responses develop. There is no clinical evidence that this drug has efficacy in the prophylaxis or treatment of viral respiratory tract illnesses other than those caused by influenza A virus strains.

**CONTRAINDICATIONS:** SYMMETREL is contraindicated in patients with known hypersensitivity to the drug.

**WARNINGS:** Patients with a history of epilepsy or other "seizures" should be observed closely for possible increased seizure activity.

Patients with a history of congestive heart failure or peripheral edema should be followed closely as there are patients who developed congestive heart failure while receiving SYMMETREL.

Patients receiving SYMMETREL who note central nervous system effects or blurring of vision should be cautioned against driving or working in situations where alertness is important.

**PRECAUTIONS:** The dose of SYMMETREL may need careful adjustment in patients with renal impairment, congestive heart failure, peripheral edema, or orthostatic hypotension. Since SYMMETREL is not metabolized and is mainly excreted in the urine, it may accumulate when renal function is inadequate.

Care should be exercised when administering SYMMETREL to patients with liver disease, a history of recurrent eczematoid rash, or to patients with psychosis or severe psychoneurosis not controlled by chemotherapeutic agents. Careful observation is required when SYMMETREL is administered concurrently with central nervous system stimulants.

No long-term studies in animals have been performed to evaluate the carcinogenic potential of SYMMETREL. The mutagenic potential of the drug has not yet been determined in experimental systems.

**Pregnancy Category C:** SYMMETREL (amantadine hydrochloride) has been shown to be embryotoxic and teratogenic in rats at 50 mg/kg/day, about 12 times the recommended human dose, but not at 37 mg/kg/day. Embryotoxic and teratogenic drug effects were not seen in rabbits which received up to 25 times the recommended human dose. There are no adequate and well-controlled studies in pregnant women. SYMMETREL should be used during pregnancy only if the potential benefit justifies the potential risk to the embryo or the fetus.

**Nursing Mothers:** SYMMETREL is excreted in human milk. Caution should be exercised when SYMMETREL is administered to a nursing woman.

**Pediatric Use:** The safety and efficacy of SYMMETREL in newborn infants, and infants below the age of 1 year have not been established.

**ADVERSE REACTIONS:** The most frequently occurring serious adverse reactions are: depression, congestive heart failure, orthostatic hypotensive episodes, psychosis, and urinary retention. Rarely convulsions, leukopenia, and neutropenia have been reported.

Other adverse reactions of a less serious nature which have been observed are the following: hallucinations, confusion, anxiety, and irritability; anorexia, nausea, and constipation; ataxia and dizziness (lightheadedness); itchy reticularis and peripheral edema. Adverse reactions observed less frequently are the following: vomiting, dry mouth; headache, dyspnea; fatigue, insomnia, and a sense of weakness. Infrequently, skin rash, slurred speech, and visual disturbances have been observed. Rarely eczematoid dermatitis and oculogyric episodes have been reported.

**OVERDOSAGE:** There is no specific antidote. However, slowly administered intravenous physostigmine in 1 and 2 mg doses in an adult<sup>1</sup> at 1 to 2 hour intervals and 0.5 mg doses in a child<sup>2</sup> at 5 to 10 minute intervals up to a maximum of 2 mg/hour have been reported to be effective in the control of central nervous system toxicity caused by amantadine hydrochloride. For acute overdosing, general supportive measures should be employed along with immediate gastric lavage or induction of emesis. Fluids should be forced and, if necessary, given intravenously. The pH of the urine has been reported to influence the excretion rate of SYMMETREL. Since the excretion rate of SYMMETREL increases rapidly when the urine is acidic, the administration of urine acidifying drugs may increase the elimination of the drug from the body. The blood pressure, pulse, respiration and temperature should be monitored. The patient should be observed for hyperactivity and convulsions; if required, sedation, and anticonvulsant therapy should be administered. The patient should be observed for the possible development of arrhythmias and hypotension; if required, appropriate antiarrhythmic and antihypotensive therapy should be given. The blood electrolytes, urine pH and urinary output should be monitored. If there is no record of recent voiding, catheterization should be done. The possibility of multiple drug ingestion by the patient should be considered.

1. D.F. Casey, N. Engl. J. Med. 298:516, 1978. 2. C.D. Berkowitz, J. Pediatr. 95:144, 1979.

## DOSE AND ADMINISTRATION: Dose for Prophylaxis and Treatment of Influenza A Virus Respiratory Tract Illness:

**Adult:** The adult daily dosage of SYMMETREL (amantadine hydrochloride) is 200 mg, two 100 mg capsules (or four teaspoonsful of syrup) as a single daily dose, or the daily dosage may be split into one capsule of 100 mg (or two teaspoonsful of syrup) twice a day. If central nervous system effects develop on once-a-day dosage, a split dosage schedule may reduce such complaints.

**Children:** 1 yr.-9 yrs. of age: The total daily dose should be calculated on the basis of 2 to 4 mg/lb/day (4.4 to 8.8 mg/kg/day), but not to exceed 150 mg per day. 9 yrs.-12 yrs. of age: The total daily dose is 200 mg given as one capsule of 100 mg (or two teaspoonsful of syrup) twice a day.

Prophylactic dosing should be started in anticipation of contact or as soon as possible after contact with individuals with influenza A virus respiratory illness. SYMMETREL should be continued daily for at least 10 days following a known exposure. If SYMMETREL is used chemoprophylactically in conjunction with inactivated influenza A virus vaccine until protective antibody responses develop, then it should be administered for 2 to 3 weeks after the vaccine has been given. When inactivated influenza A virus vaccine is unavailable or contraindicated, SYMMETREL should be administered for up to 90 days in case of possible repeated and unknown exposures. Treatment of influenza A virus illness should be started as soon as possible after onset of symptoms and should be continued for 24 to 48 hours after the disappearance of symptoms.

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Rev. June, 1983

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